

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/24/2013
NAME OF PROVIDER OR SUPPLIER VNA HOSPICE HOME CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2401 VALLEY DR VALPARAISO, IN 46383		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 000	<p>INITIAL COMMENTS</p> <p>.</p> <p>This visit was for a Hospice federal and state complaint investigation survey.</p> <p>Complaint #s IN00129612 - Unsubstantiated: Lack of evidence.</p> <p>Survey date: 6/17-6/24/13.</p> <p>Provider ID#: 151505.</p> <p>Facility #: 005122.</p> <p>Medicaid Vendor: 200143110A.</p> <p>623 Skilled unduplicated admissions in the last 12 months. 73 Current census.</p> <p>Surveyor: Janet Brandt, RN, Public Health Nurse Surveyor.</p> <p>VNA Hospice Home Care is in compliance with the Conditions of Participation 42 CFR 418.52: Patient Rights, 42 CFR 418.54 Initial and Comprehensive Assessment as related to these complaints: 418.56 Interdisciplinary group, care planning and coordination of services as related to these complaints: 418.64 : Core services as related to these complaints.</p> <p>QA: Linda Dubak, R.N. July 3, 2013</p>	G 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.